MODULE 1: HOW TO PREPARE

This module is intended to provide the information and planning tools necessary to achieve personal, professional, and organizational preparedness prior to a terrorist attack. It also provides information on the roles and responsibilities of the disaster mental health worker at the site of a terrorist attack, based on the experiences of those who provided services during the immediate aftermath of 9/11. It concludes with information on navigating the complex coordination and roles of the various government agencies that may be present at the attack site.

After completing this module, the disaster mental health worker will be able to:

- Plan and prepare personally, professionally, and organizationally for a disaster

- Identify approaches to increasing access to a community and to a terrorist site

- Recognize the many forms that his or her role may take during a response to a terrorist event

- Better coordinate services with key emergency support agencies

Preparedness Planning

Preparedness can be grouped into three general categories: personal, professional, and organizational. Although distinct, these three categories are interrelated and equally important with respect to preparing oneself to respond to a terrorist attack. The following sections provide a large amount of information and guidance on how to achieve each level of preparedness. It is important to note that preparedness planning is an ongoing process and each individual should proceed at his or her own pace. In addition, the following guidelines are intended for a broad audience, and may need to be adapted to an individual's lifestyle and personal needs. Therefore, not every individual will find it necessary to follow each of the steps in these guidelines.

There's so much that needs to be done, I think, to prepare for another attack. As far as mental health professionals, I think they really do need to have more education and training. First of all, on how to deal with clients who are dealing with mass tragedy, and there is all kinds of training available…Secondly, I truly think mental health professionals need…a more community-based outlook, to realize [the need for] and to get some training in some public health community-based outreach program…In this type of situation, you really need to get out into the community. You can't wait for them to come to you.

June Eddinger
Project Director, Loudoun County
Community Resilience Project

Personal Preparedness

When an emergency occurs, it is both natural and healthy to be concerned about the safety and well-being of our loved ones. Without that assurance, work can become secondary. Disaster mental health workers are likely to be called on to fill any number of roles and may need to work

extended hours for several days at a time. Therefore, it is important that each disaster mental health worker develop a personal emergency preparedness plan that includes:

- How to make contact with family and other loved ones during an emergency

- What each member of the family can do to help ensure his or her own safety and the safety of others

Below are some recommended steps for developing a personal emergency preparedness plan.

- Learn the immediate community's warning signals and notification systems. Each community has its own system, and warnings may range from sirens over loud speakers to messages broadcast on local radio and TV stations.

- If children are in the home, establish a plan for their care in the event that parents or other caregivers are called away to help.

- If there are older or disabled family members, make arrangements for taking care of their special needs.

- Make sure that the places where the family spends much of its time—such as work, school, and day care—all have disaster plans, and that practice drills are conducted on a regular basis.

- If there are pets in the home, establish a plan for their care. In addition, inquire about the availability of animal care after a disaster. Many shelters do not admit animals due to health regulations.

Family Emergency Preparedness Plan

Without knowing what kind of event will occur and what kind of resources will be needed, personal preparedness may seem like an impossible task. That is why it is so important for disaster mental health workers to develop and put plans into place *now*, before an event.

Planning is not that difficult, and it is very important. Disaster mental health workers can use the following checklist as a guide for the family's emergency preparedness planning efforts.

❑ **Meet to discuss why and how to prepare for a disaster.**

❑ **Discuss each type of disaster that could affect the family and how to respond.**

❑ **Make a map of the house and identify two escape routes from each room.**

❑ **Identify two meeting places, one inside the neighborhood and one outside, in case the family is separated and cannot return home.** Make sure all family members have the addresses and phone numbers of these meeting places and keep this information on their person at all times.

❑ **Identify an out-of-state family member or friend to be the family contact.** Depending on where family members are at the time of the attack, it may not be possible to reunite. Because it may be easier to make a long distance call than a local one, however, an out-of-state family contact can help coordinate communication among loved ones during a crisis. Make sure that all family members have the phone number of the contact person with them at all times, and, in the event of an emergency, know to call this person to tell them their location. Make sure to inform that person that family members will be calling him or her in case of an emergency.

❑ **Post a list of emergency phone numbers by each telephone in the house.** Include numbers for the fire department, police, an ambulance service, the family contact, family pagers and cell phones, neighbors, workplace contacts, schools and day care centers, and other important contacts. Ask family members to keep a copy of this list in their wallets or purses.

❑ **Identify backup communications systems.** On 9/11, telephone and other communications lines were jammed. Recognize that phone lines may be down, and other communications systems may be more appropriate, such as e-mail, pagers, personal digital assistants, etc.

❑ **Instruct children about how to make a long distance call.** This is particularly important if long distance numbers are included on the family's emergency contact list.

❑ **Ensure at least two ways of contacting each other during an emergency.** Since phone lines may be down or jammed, consider e-mail or text messaging as alternate modes of communication.

❑ **Teach children how and when to call 9-1-1 for help.** If the family resides in a rural area that does not use 9-1-1, make sure children know how to dial the local emergency medical service.

❑ **Show each family member how and when to turn off the utilities (e.g., water, gas, electricity) at the main switch.** Although this may seem extreme, remember that an adult may not be home at the time of the emergency, and children may need to protect themselves from a gas leak or other hazard.

❑ **Show each family member where the fire extinguishers are kept and how to use them in an emergency.**

❑ **Install and regularly test smoke detectors on each level of the house, especially near the bedrooms.** To ensure that detectors are in working order and that batteries are charged, conduct a test of all smoke detectors in the house on the first of every month.

❑ **Take a first aid and CPR class.**

❑ **Store family records in a water- and fire-proof safe.** Include birth and marriage certificates, social security cards, insurance policies, bank records, stock and bond certificates, wills,

deeds or leases, and other important documents. Since the home may be damaged, make a list of all important household possessions for insurance purposes, including model and serial numbers. Consider taking photos or videotaping belongings as well. Store another copy of the records in a safe-deposit box or another secure location away from home.

❑ **Stock and regularly maintain a family preparedness kit.** Make sure to replace stored water every three months and food every six months (see checklist below for recommended contents).

Posting the family emergency preparedness plan on the refrigerator at home and conducting regular practice drills with family members will help to increase their comfort level and confidence in their ability to respond. Having a different member of the family "manage" the drill each time can ensure that everyone is comfortable and can make it a family activity. It is a good idea for family members to carry some sort of identification on their person at all times.

Family Preparedness Kit

Disaster mental health workers may consider having a large duffle bag or plastic container to hold many of the items for their preparedness kits to facilitate access and transport. As disaster mental health workers may be out in the field for long periods, they may want to keep another less comprehensive preparedness kit for personal use in a backpack in the car or office. Below are suggestions for items to include in a family preparedness kit.

The Basics

- Water, at least one gallon per person per day, for three to seven days

- Foods that do not require refrigeration or cooking, such as peanut butter and granola bars, at least enough for three to seven days

- At least one flashlight with plenty of extra batteries

- A battery-powered radio with extra batteries

- A first aid kit, including a supply of all prescription medications currently taken by family members in their original bottles, plus copies of the prescriptions and any other important medical information, such as physicians' contact information

- Eyeglasses, with a copy of the prescription

- Plastic garbage bags, ties, and toilet paper for personal sanitation

- Feminine supplies

- A plastic bucket with tight lid

- Moist hand wipes

- Cash, including coins, as ATMs and banks may not be open or available

- A map of the area, to identify evacuation routes and locate shelters

- Special items that small children and the elderly might require

- Toys, books, and games

- Nonperishable food for pets

Clothing and Bedding

- At least one change of clothes, including shoes, for each family member (both warm and cold weather clothes if the area is affected by the seasons)

- Pillows and either sleeping bags or warm blankets for each family member

Tools

- A first aid book

- A signal flare and compass

- Mess kits or plastic utensils and paper cups and plates

- A nonelectric can opener

- A utility knife

- A small fire extinguisher

- Matches in a waterproof container

- Paper towels

- Aluminum foil and plastic storage containers

- Paper and pencils or pens

- Pliers and a shut-off wrench, to turn off household gas and water (if necessary)

- Regular household bleach and a medicine dropper, to purify water in an emergency (Use 16 drops per gallon of water.)

- Plastic sheeting and duct tape

- A tube tent (i.e., a simple survival tent)

Professional Preparedness

While some disaster mental health workers will be deployed to the site of a terrorist attack, it is likely that others may need to stay behind to care for existing patients. Therefore, in addition to developing personal preparedness plans, policies and procedures will need to be established to ensure that patients receiving regular mental health services continue to be provided for in the event of an emergency. Although managers ultimately will need to make the decision about which staff members will be deployed, all staff members should be familiar with management's emergency deployment plans before a terrorist attack so that they are comfortable with management's expectations of them. In addition, this advance preparation will allow staff to seek out additional training, if necessary, to complement their current skill set and better prepare them to assume their assigned responsibilities during an emergency.

Disaster mental health workers should have personal preparedness kits that they keep in their cars or offices in case they are stuck at work in an emergency or are deployed directly from work to a disaster site. Whether this kit is stored in one's car or office depends on the individual, as does the contents of the work kit. A work kit does not need to be as extensive as the family kit, but it still needs to have the basics (e.g., water, medicine, flashlights).

Organizational Preparedness

This section discusses organizational preparedness that cuts across site-specific concerns such as staffing a response effort. Organizational preparedness plans incorporate strategies to increase access to disaster sites and to affected communities. In addition, these strategies may also increase the likelihood that the disaster mental health worker will be invited to be part of an interdisciplinary response team. The importance of laying the foundation for gaining access during a disaster is emphasized in the following sections.

In the initial days, there was tremendous pressure to gather information. The mechanisms we used to accomplish this included the Internet, telephone calls, meetings, or someone being able to network and connect us with someone else who might have had a fill-in piece of information. We were truly in touch with every relevant agency in the county to help with the grant, including the demographers and the map people. It is because we didn't have those collaborative working relationships already established that we were frantic. It was not easy. In fact, it was truly a challenge but, I am happy to say, a challenge we were able to overcome. Perhaps the most valuable lesson learned was: The more you can be in the network of Disaster Mental Health prior to a disaster, the better off you'll be.

Ruby E. Brown, Ph.D.
Project Director, Arlington
Community Resilience Project

Ensuring Access to the Disaster Site

In the chaos and confusion of 9/11, many first responders who were not in fire and police uniforms or were without appropriate identification found it difficult to access the disaster sites. This was true for health department and volunteer emergency medical service (EMS) personnel, as well as mental health workers from the local mental health authority. (In Virginia the mental health authorities are Community Services Boards.)

Community Services Boards and other organizations that will be responding to terrorist incidents can take steps to ensure that staff can gain access to disaster sites by:

- Providing them with the identification tools necessary to increase their recognition within the community

- Fostering relationships with other organizations they will be working or coordinating with at the disaster site

It is advisable for disaster mental health workers always to carry some form of identification, such as a driver's license or other photo ID. However, if the identification does not identify the person as a disaster mental health worker to the "gatekeepers" of a site, it will be insufficient for providing access to the site. Methods that may increase access can take the form of uniforms, promotional materials, or sponsorship of community outreach events before an event even occurs. Regardless of the tactic, its purpose will be to increase staff recognition and, thus, access. Disaster mental health workers need to be sure that the identification they present— whether it be a letter of introduction from an employer, a special badge, a T-shirt, or a baseball cap with insignia—will be recognized by getting to know first responders now, before an event.

One of the most important relationships that needs to be pre-established is the relationship with the State Emergency Mental Health Coordinator…For us, he was a wealth of information, a wealth of support. There are things that have to be done very, very quickly in a disaster if an agency is to receive a FEMA grant, which is how our Community Resilience Project was funded. A second, most important lesson learned in our county was that it is crucial to have a working relationship with the Red Cross…For mental health, in terrorist-related types of disasters, the State Disaster Mental Health Coordinator, the local Red Cross chapter, and the Employee Assistance group within your particular organization are probably the three pre-established relationships that are most critical in the provision of mental health services.

Ruby E. Brown, Ph.D.
Project Director, Arlington
Community Resilience Project

It is also important that they develop a relationship with local fire, police, American Red Cross, and other EMS agency personnel before a crisis to increase the likelihood of their gaining access to a site immediately after a terrorist attack.

Conducting Community Outreach Before an Event

One component of emergency preparation includes conducting community outreach not only with local emergency support agencies but also within the community itself. Knowing and being known within the community will increase access to the site of the event, improve access to the different populations that will likely be represented at the site, and allow for better provision of care. Disaster mental health workers will find the steps below helpful to developing a pre-crisis community outreach plan.

> *One of the key lessons coming out of our work in communities is that, from a preparedness perspective, we need to be building relationships in those communities. You can't create relationships while disaster strikes, and it's difficult to go into impacted communities directly after a disaster if you have no relationships from which to work. We've learned that social connection is very important, both in terms of mitigating the post-traumatic distress and as a resource for folks to help prevent some of the more serious psychological consequences of a traumatic incident. If we do not have relationships that allow us to work within those communities' own social connections and within their own infrastructure, we're not in the places we need to be at the time when we need to be there.*
>
> Shauna Spencer, M.B.A., C.P.H.Q.
> Project Director
> Project DC

- Develop a presence with local government emergency planning committees.

- Establish relationships with staff at local community- and faith-based organizations.

- Be familiar with the key population centers of the community, the languages spoken within it, and the language resources that are available.

- Create a list of places in the community where people naturally congregate, such as grocery stores, libraries, community centers, malls, etc. These sites can serve as outreach posts following a disaster.

- Inquire about and learn the community's established escape routes.

- Identify other resources in the region that may be useful during an emergency (see example on next page).

- Develop a phone list of key numbers, and update it regularly (see example on next page).

In addition, disaster mental health workers will want to explore the resources within their neighborhoods or workplaces that might increase access or job performance in the event of an emergency. For example, a neighbor's four-wheel-drive vehicle could come in quite handy to access the site of a terrorist attack if the attack occurred just after a heavy snowstorm.

Table 1–1. Example of a List of Regional Resources and Local Phone Numbers from Arlington County Disaster/Emergency Resources

Below is an example resource list provided by Arlington County. Use this to create a resource list for your area. *(Please note that these telephone numbers are current as of 2003, but may be changed in the future.)*

City/County/Regional Resources

Arlington County Department of Human Services, Child and Family Services
(703) 228-1550

Arlington County Non-Emergency Police Number
(703) 558-2222

Arlington County Information and Referral Service
(703) 228-3000

Arlington County Web site
http://www.co.arlington.va.us

City of Falls Church Department of Housing and Human Services
(703) 248-5005

City of Manassas Department of Social Services
(703) 361-8277

Fairfax County Human Services Coordinated Services Planning
(703) 222-0880

Fairfax City Department of Human Services
(703) 385-7894

Information and Referral Line for the Arlington County Department of Human Services
(703) 228-1300 or (703) 228-1350

Loudoun County Department of Social Services Information and Referral Services
(703) 771-5400

Northern Virginia Regional Commission's Quick Guide
http://www.novaregion.org/qgonline.htm

Prince William County Department of Social Services
(703) 792-7500 or (703) 792-4300

Mental Health Services

Adult Mental Health Services
(703) 228-5150

Arlington Emergency Mental Health Services
(703) 228-5160 or (703) 228-4256

Services for Specific Populations

Hispanic Committee of Virginia, Arlington
(703) 243-3033

Hispanic Committee of Virginia, Falls Church
(703) 671-5666

Hispanics Against Child Abuse and Neglect (HACAN) and Strengthening Families Parenting Program
(703) 208-1550

Social Service Organizations

Administration Office for Catholic Charities
(703) 841-3830

American Red Cross Arlington
(703) 527-3010

American Red Cross Alexandria
(703) 549-8300

American Red Cross National Headquarters Voice Mail System
(703) 573-7681

Arlington Employment Center
(703) 228-1400

Christ House Soup Kitchen and Emergency Assistance
(703) 548-4227

Crisis Assistance Bureau
(703) 228-1300 or (703) 228-1350; Fax (703) 228-1013

First Call for Help, United Way of Central Maryland
(800) 492-0618

Haven of Northern Virginia
(703) 941-7000

Information and Referral Services
(800) 230-6977

Salvation Army Arlington
(703) 979-3380

Salvation Army Family Services Office of Alexandria
(703) 548-0579

Office of the Salvation Army
(703) 385-8700

Virginia Department of Social Services Child Abuse and Neglect Hotline
(703) 228-1500

Virginia Employment Commission
(703) 813-1332

Substance Abuse Services

Alcoholics Anonymous (Northern Virginia Intergroup)
(703) 876-6166

Arlington County Substance Abuse Services
(703) 228-4900

Northern Virginia Help Line of Narcotics Anonymous
(703) 532-1255

Understanding Roles and Responsibilities

To the outsider, the scene of a terrorist attack involving mass casualties may appear to be confusing and chaotic. Due to the urgency required to rescue lives and secure the area, the response to an act of terrorism is intense and fast-paced. In addition, a large number of federal, state, and local organizations respond to such large-scale disasters, requiring that services be coordinated on many levels. Being clear about the roles and responsibilities of a disaster mental health worker before a disaster may help these workers acclimate and assist survivors more quickly, as well as avoid inadvertently adding to the confusion.

Lessons learned from disaster mental health workers who provided support at the World Trade Center and the Pentagon offer insight into what may be expected of a disaster mental health worker after a terrorist attack, as well as an indication of the services they may be asked to provide. Due to the magnitude of the disaster, many of the disaster mental health workers who provided support on 9/11 said that very often their support role came in the form of passing out socks and other supplies to recovery workers, or serving a survivor coffee and chatting with him or her for a few moments. They explained that, while these acts may not seem like mental health interventions, they were the kind of support that was needed at the time, and it was those initial contacts that led these victims to seek support from disaster mental health workers in the days, weeks, and months that followed.

Disaster mental health is somewhat different than what we typically do in a mental health treatment setting. We need to support people, help them feel nurtured, and soothe them and comfort them in times after disaster. Sometimes this involves acting in non-traditional roles, such as helping people at a disaster scene with some concrete needs like getting a cup of coffee or a blanket. The emphasis is on "being with" the disaster victim or disaster worker, allowing them to talk, and listening with a fully engaged heart and mind.

Donna M. Foster, M.S.W.
Project Director, Fairfax County
Community Resilience Project

Many of those who provided services to survivors in Virginia, New York, and other areas affected by 9/11 have shared that their traditional training did not prepare them for the kind of support often required by the survivors of 9/11. Rather, they actively resisted the urge to pathologize a survivor and often found that the simplest form of support was well received by family members and rescue workers. That support role took the following forms:

- Just listening, "being there," or "hanging out"

- Introducing and being available to the chaplain on site, if one was available (for referrals)

- Providing general support and comfort to anyone affected by the disaster, including those who were both directly and indirectly affected, as well as EMS and other recovery workers

- Providing consultation to other medical and recovery personnel on how to minimize further distress

- Providing aid, at the direction of emergency workers, to a survivor whose psychological state might inhibit efforts to rescue him or her

- Offering support to the bereaved, either at the site, at a shelter, or at the morgue

- Providing information about and referral to community resources

- Getting someone a cup of coffee

In those initial hours, we did a lot of telephone crisis-call work, providing information. We are also right next door to one of the local hospitals that received some of the victims, and so we participated with the hospital in being available to talk with concerned family members, along with Crisis Link—our contracted suicide hotline service. Crisis Link also moved a temporary phone bank into the hospital. And over a 3-day period, they took over 6,000 calls from people all over the country who were concerned about loved ones who worked at the Pentagon. So, in those early days, our services probably fell in the categories of supporting the first responders, whether it was those working at the site or those providing services at the hospital, and just attempting to help our own community at large…to maintain a low level of anxiety.

Ruby E. Brown, Ph.D.
Project Director, Arlington
Community Resilience Project

Identifying the Chain of Command

Identifying and reporting to whoever is in charge will be critical to the disaster mental health worker's ability to access the site and to provide support to those in need. There will likely be a number of different first responder agencies and organizations at the disaster site, which can make it difficult to determine the chain of command and to whom to report at the site. In addition, certain mutual aid organizations, e.g., local chapters of the American Red Cross, may have different operating procedures in different regions, making the community outreach plan mentioned earlier all the more important. Module 2 provides more information to help the disaster mental health worker navigate through what may be unclear waters. However, reviewing state and local emergency plans before a disaster will be helpful as well. (It is important to note that chain of command is different from incident command. For more information on incident command, see http://www.fema.gov/rrr/conplan/conpln4b.shtm.)

Summary

The importance of advanced planning and preparation cannot be emphasized enough. While there is no way to anticipate what type of event may occur or the magnitude of the disaster mental health worker's involvement, the development and implementation of personal, professional, and organizational preparedness plans will increase the disaster mental health worker's access to the site and to the communities affected, as well as the quality of the services provided. In addition, familiarity with each worker's own roles and responsibilities, as well as with the likely chain of command at the scene of the disaster, will result in a more focused and successful effort for both the disaster mental health worker and those served.

Additional Resources

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, http://www.dmhmrsas.state.va.us.

Virginia Department of Health, Emergency Preparedness, and Response, http://www.vdh.state.va.us/bt/index.html.

Virginia Department of Emergency Management, http://www.vaemergency.com.